

POLICIES AND PROCEDURE MANUAL

Chapter:	Provider Network Management		
Title:	Provider Appeal Procedure		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Version: 6.0 Page: 1 of 4	Review Cycle: Annually Author: Director, Health Integration, Treatment & Prevention	Adopted Date: 02.2015 Review Date: 03.2020 Revision Eff. Date: N/A	Related Policies: Provider Manual Provider Contract Provider Credentialing

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Purpose

Mid-State Health Network (MSHN) supports due process and offers contracted providers with an appropriate mechanism to dispute contract concerns, payment performance review findings, or adverse credentialing decisions. This procedure is intended to assure that a uniform process for appeal is used in the region.

Procedure:

Summary: MSHN has established a Provider Appeal Process for contracted providers who:

- Have been cited for violation(s) of contractual obligations and/or responsibilities as detailed within the signed Contractual Agreement and/or Substance Use Disorder (SUD) Provider Manual; and
- Wish to challenge the outcome(s) of a performance review, including Medicaid Event Verification (MEV), or an investigation report related to due process or other procedural obligations.
- Wish to challenge the outcome of a credentialing decision with regard to participation in MSHN’s provider network.
- Note: This appeal procedure does not apply to appeals related to authorization determinations. A provider may appeal an authorization determination on behalf of a Medicaid/Healthy Michigan Plan enrollee by following the process outlined in the MSHN Medicaid Enrollee Appeals/Grievances Policy. If a contracted provider wishes to appeal a decision by MSHN related to retroactive authorization and payment for services which were already rendered by the provider and for which the provider believes they are entitled to compensation, they may follow the provider appeal process as outlined in the MSHN SUD Provider Manual.

Initiation of Appeal: The Provider Appeal Process is initiated by a contracting provider submitting

- A Provider Appeal Form (PAF) within ten (10) business days of receipt of the investigation report, performance review report, MEV or notification of an adverse credentialing decision;
- The PAF should be addressed and emailed to the MSHN Director of Provider Network Management Systems;
- The PAF should include attachments with any evidence regarding due process violations, contract language violated, credentialing decision, etc.
- The PAF should outline specific concerns with the investigation report or performance review. It should focus on breaches of a) due process, b) the provider contract or c) other procedural obligations. **The appeal is not a venue to revisit the investigation and its findings.**
- MSHN shall acknowledge receipt of the appeal within 5 business days.

Review of Appeal: Upon receipt of a PAF, MSHN will:

- Send notification to the Provider acknowledging receipt of the PAF and of the forty-five (45) business day timeline within which the appeal will be reviewed, and a determination made.
- Notify the Provider Appeals Committee (PAC). The PAC may include but not be limited to:
 - Director of Provider Network Management Systems (*PAC Chairperson*)
 - Deputy Director
 - Director Customer Services, Quality, and Compliance
 - Contract Manager
 - Non-Voting Members
- The Director of Provider Network Management Systems shall convene the PAC within a reasonable time to ensure the matter is resolved timely.

Recusal for Conflict of Interest:

- If any of the above listed members were involved in the initial investigation, and/or have a stake or a part in the outcome, they will recuse themselves from the PAC based on conflict of interest and replaced by MSHN staff on an ad-hoc basis, if necessary.
- Recused members may be called upon to report to the PAC for purpose of providing evidence or perspective relating to the appeal.

Expedited Appeal:

- Either party can request an expedited appeal if the provider is seeking remediation of a contract/performance action that would result in contract termination, reduction or suspension of credentialed/privileged status, or requires repayment of funds.
- The timeframe and terms of the expedited appeal must be agreed to by both parties and communicated in writing.

Documentation for review shall include:

- Provider Appeal Form (PAF)
- Investigation report(s) being appealed
- Credentialing decision(s) being appealed
- Signed Contractual Agreement that details sub-contractor obligations, complaint and appeal procedures.
- MSHN SUD Provider Manual
- Related MSHN policies and procedures
- Any other relevant materials such as evidentiary documents

Disposition: Upon review and determination of appeal, the PAC will:

- Document disposition of the appeal;
 - Disposition will include the outcome/findings of the appeal process.
 - Disposition may include any changes to sanctions and/or other restrictions previously set forth by the investigation report.
- Submit Disposition to Provider and the author of the original investigation within the established forty-five (45) business days (or sooner if an expedited appeal request is granted).
- If appropriate, MSHN shall notify the Michigan Department of Licensing and Regulatory Affairs (LARA) or other regulatory bodies regarding the disposition.

Applies to

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
 - MSHN’s Participants: Policy Only Policy and Procedure
 - Other: Contracted Substance Use Disorder Providers (For Mental Health Providers, MSHN delegates the appeal function to the Community Mental Health Service Program)

Definitions

Credentialing: The process of validating the qualifications of licensed individual practitioners or a facility to provide services in a health care network.

LARA: Michigan Department of Licensing and Regulatory Affairs

MSHN: Mid-State Health Network – Prepaid Inpatient Health Plan (PIHP) for Region 5, charged with overseeing and coordinating the Substance Use Disorder (SUD) treatment and prevention.

PAC: Provider Appeal Committee – This is the MSHN body responsible for reviewing the appeal.

PAF: Provider Appeal Form– This is the form used for documenting the ground and reasons for the provider appeal.

Providers: Organization/providers contracting directly with MSHN for the provision of treatment and/or prevention services.

References/Legal Authority

Balanced Budget Act of 1997 (BBA)

The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs

Change Log:

Date of Change	Description of Change	Responsible Party
02.2015	New Procedure	D. Meier
08.2015	Update: included credentialing/re-credentialing; removed SRE references	C. Watters
02.2016	Inclusive of CMHSP Participants	C. Watters
09.28.16	Annual Review	PNMC
08.2017	Annual review – included MEV, Updated Committee Membership	Director of Provider Network Management
11.2018	Annual Review – revised appeal form	Director of Provider Network Management
2019	Annual Review	Director of Provider Network Management

